MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE FOR STATE HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY o. STATE b. COUNTY PM3. Page and 3 ta σĘ death ARYLAND MARYLAND delay State Department c. CITY OR TOWN (If outside corparate limits, write RURAL and give neorest town) b. CITY OR TOWN (If outside corporate-limits: c. LENGTH OF STAY IN 1b write RURAL and give nearest tawn) after altemore 57 ON d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS hours pencil in Item 18. Give Pages 1, alang with farm Southway This certificate shauld be executed within 24 haurs after death. 3. NAME OF Middle 4. DATE Last DECEASED OF the RTON within DEATH (Type or print) with 1 S. SEX. DATE OF BIRTH AGE (In years 6. COLOR OR RACE last birthday) Office of land 2 event 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country during mast of working life, even if retired) INDUSTRY any STUDENT NONE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME GEORGE and .⊑ 15. WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANT the Chief Medical permit. (Yes, na, ar unknown) (If yes give war ar dates of service "pending" remaval. NO 18. CAUSE OF DEATH (Enter only one cause per line far (a), PART I. DEATH WAS CAUSED BY: **burial-transit** D IMMEDIATE CAUSE (a) writing the ward crematian, DUE TO Canditians, if any, which gave rise ta immediate cause (a). 4 should be farwarded to DUE TO D stating the underlying cause OS burial, used PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION the certificate, p pe 20a. EXTERNAL CAUSE WAS PRIMARY ☐ CONTRIBUTING ☐ CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) shauld designated agent, priar EXAMINER: MEDICAL 20e. PLACE OF INJURY Home, form, 20c. TIME OF INJURY Month, Day, Year or town) factory, street, office bldg., etc.) may be retained far yaur FUNERAL DIRECTOR: Page Not While Page please execute at wark 21. I certify that I taak charge of the remains described above, held an Autopsy Inspection X the funeral director. Accident 🔀 death resulted from: Natural causes Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER **SIGNATURE** O DEPUTY 5 may be TO FUNERAL Health ar DEPLITY MEDICAL EXAMINER **EXAMINER'S**

VR A15ME (5) 6M 1/66

NAME (Type)

23a. BURIAL, CREMATION,

24. FUNERAL DIRECTOR

Sons

Mem. Grds. Timonium. Balto 2Sb. REGISTRAR'S 2Sa. REC'D BY REGISTRAR 1966

23d. LOCATION (City or Town)

Address (Street, city, tawn, ar county)

NAME OF CEMETERY OR CREMATORY

Vallev

Road

Inquiry

Month

IF UNDER 1 YEAR

12. CITIZEN OF WHAT COUNTRY?

Manths

e. IS RESIDENCE ON A FARM?

YES NO

1966

IF UNDER 24 HRS

INTERVAL BETWEEN

ONSET AND DEATH

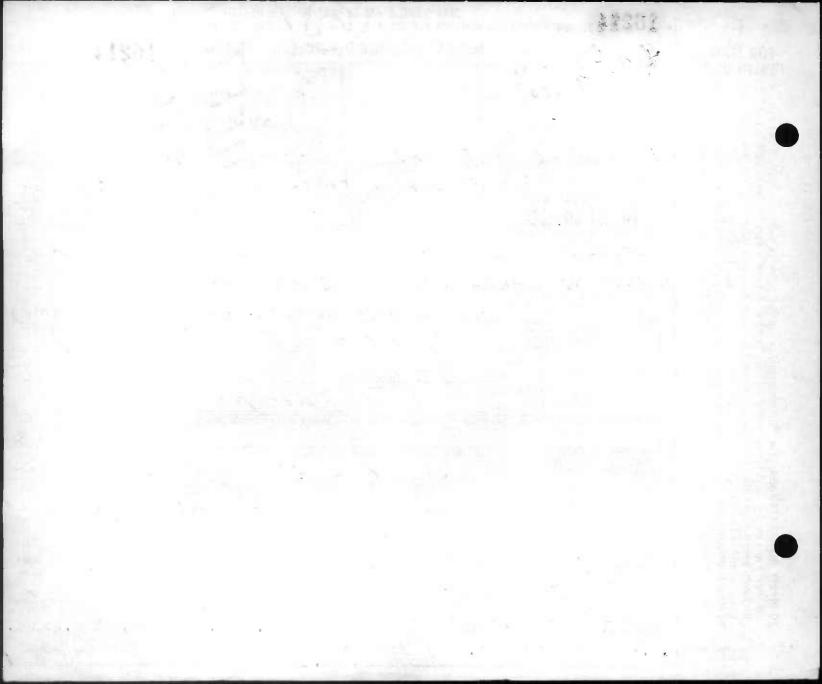
WAS AUTOPS PERFORMED?

and in my opinian

22. DATE SIGNED

(County)

NO S



	L RESEARCH AND RECORDS, 301 CERTIFICATE		PALITIONE, MARTEN	4001
16215	CERTIFICATE	OF DEATH		10215
PLACE OF DEATH		CTAPE (1)	re deceased lived, if institution	
O. COUNTY TALBOT	MARYLAND	O. STAPE PRY	LAND 6. COUNTY	CAROLDA
b. CITY OR TOWN (If outside corporate limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If gutsid	e corporate limits, write RURAL	ond give neorest town)
write RURAL and give nearest town	STON 7 days	EUR 6	H RODGE	14 15
d. NAME OF HOSPITAL OR INSTITUTION (If not in	hospital, give street address)	d. STREET ADDRESS		e. IS RESIDE ON A FAR
Memorial	Hospital			YES N
NAME OF First	Middle D	Lost 4.	DATE Month	Doy Year
DECEASED (Type or print) . SARA	C. 01	ARTON	OF DEATH	- 2/- 196
SEX 6. COLOR OR, RACE 7.		B. DATE OF BIRTH		FUNDER 1 YEAR IF UNDER 2 Months Doys Hours
+ W V	VIDOWED DIVORCED 0	JAN 15, 1898	68 yrs.	Hollins Doys Hours
o. USUAL OCCUPATION (Give kind of work done ring most of working life, even it retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & St	/	12. CITIZEN OF WHAT
as home	INDOSTR7	MARY	LAND	1877
3. FATHER'S NAME	0 4 (10)	14. MOTHER'S MAIDEN NAM		1-
CHARLES	CANNON	LOITI	E CLIM	V E
S. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or upknown) ((If yes give wor or dotes of ser		NFORMANT	Address	2-2 1.1 11
700	vice) 213-22-7223 1	SMMETT	BARTON, A	CIDGERY, M
18. CAUSE OF DEATH (Enter only one couse p	er line for (a), (b), and (c).)	۲٬۷ ۰٬۷۷ ۲		INTERVAL BETW ONSET AND DEA
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Ventricular f	fibrillal	ion .	< 10 minu
THE TO	1: 0	1. 0	1-1	1.70
Conditions, if ony, which gove rise to immediate couse (a),	Witnoscher	suc hear	Idisease	mun
stoting the underlying couse DUE 10	and anitime.	Reart 6	2 . 0	Uncert
last.) (c)	rongestive	5	audite	
PART II. OTHER SIGNIFICANT CONDITIONS CONTI	1 10 0	HE TERMINAL DISEASE CONDIT	ION GIVEN IN PART 1(o)	19. WAS AUTOP PERFORMED
Diabettes melli	tus with neph	ropatry		YES N
DisDetes melli 200. ACCIDENT WAS UNDERLYING OR OR CONTRIBUTING OCAUSE OF DEATH	20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port	I or Port II of item 18.)	
(IF ETITIEK, NUTIF T MEDICAL EXAMINER)			I and tell	"
20c. TIME OF INJURY Month, Day, Yeor Hour o.m.		E OF INJURY (Home, form, ory, street, office bldg., etc.)	20f. (City or town)	(County) (St
p.m. 19	ot work U ot work U			
21. 1 certify that (1) (this hospital	ottended the deceased from	14-, 19_	1000 11-21 -	_, 19.66 that (I) (w
sow the deceased alive on 1/-	19 de, and that	deoth occurred at	M, from couses or	nd on the date stated
22o. SIGNATURE		ATTENDING ME	D. STAFF	22b. DATE SIGNED

Kobert W. M.D. PHYS. DIRECTOR PHYS. 22c. PHYSICIAN'S NAME (Type) 22d. ADDRESS

230 BURIAL, CREMATION,

23b. DATE THEREOF 23c. NAME OF CEMEJERY OR CREMATORY

23d. LOCATION (City or Town)

(Stote) (County) CAR

24. FUNERAL DIRECTOR

ADDRESS

250. RE REC'D BY REGISTRAR 1966

VR A15 (4) 20 M 1/66

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death.

Page 4 may be retoined by the hospital or attending physicion.

TO FUNERAL DIRECTOR: After this certificate hos been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to buriol, cremation, or removal, and in any event, within 72 hours after death

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

16216	CERTIFICATE OF	DEATH	1621	6
1. PLACE OF DEATH o. COUNTY TAIROT		AL RESIDENCE (Where deceosed lived, ATE Maryland	if institution: Residence b. COUNTY Talbot	before odmission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	27 fres	OR TOWN (If outside corporate limits, Easton	write RURAL and give n	20.1
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, some in the solid in the solid in hospital)	give street address) d. STRE	Teal Point		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Games	Castleman Be	Lost 4. DATE OF DEATH	Nou	3 1966
s. sex. 6. color of race 7. Married MA/e White WIDOWED	NEVER MARRIED 8. DATE O	9. AGE (III - 18-87 79		EAR IF UNDER 24 HRS. Poys Hours Min.
during most of working life, even if retired) Retired - Accountant	IDUSTRY F	THPLACE (County & Sfote, or foreign cou Baltimore, Maryla	COUN	EN OF WHAT ITRY?
13. FATHER'S NAME James Beatty			Williams	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service) No No	SOCIAL SECURITY NO. 17. INFORMAN	31	Briar Road ne, Pennsy	
IMMEDIATE CAUSE (0)	(0), (b), and (c).) UTE RENAL	SHAT DOW A		ONSET AND DEATH
Conditions, if ony, which gove nise to immediate couse (o), DUE TO	DDLE EMBOLUS	OF AORTA		36 HRS
stoting the underlying couse (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	S H D	NAL DISEASE CONDITION CIVEN IN DAI	<u>+</u>	20 YRS
TRANS FEMORAL	EXTRACTION 1	OF ADRICEMI	30645.	19. WAS AUTOPSY PERFORMED? YES NO
	SCRIBE HOW INJURY OCCURRED. (Enter note			
Hour o.m. While at worl	Not While foctory, street,	office bldg., etc.)		
21. I certify that (I) (this haspital) attensaw the deceased alive an 220. SIGNATURE	ded the deceased fram 17-2 19 66, and that death	accurred at 8 45 M, fram	causes and an the	
22c, PHYSICIAN'S	M.D. PHYS		TAFF HYS. 22b. DATE	4-66
NAME (Type) JOHN I.F. KN L	1 23c. NAME OF CEMETERY OR CREMATOR	EASTON,	170 2/0	SO/ ounty) (Stote)
BEMOVAL (Specify) Burial 24. FUNERAL DIRECTOR	Mt. Olivet Cemet		ore, Marylai 25b. REGISTRAR'S SIGN	nd
11/20 Tukning	8 alto, no	DATE NOV 7 199	0.00	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filed with the State Dept. at Health priar ta burial, cremation, ar remaval, artistic any event, within 72 haurs after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death

Page 4 may be retained by the hospital ar attending physician.

VR A15 (4) 20 M 1/66

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		Marie La dial	
			Williams
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Division of STATISTICAL	RESEARCH AND	RECORDS, 301	W. PRESTON	STREET, BALTIMORE,	MARYLAND 21201
	-	EDTIELCATE	OF DEAT	u	16917

1		1	Division of STATISTICAL	MARYLAND STATE DEP RESEARCH AND RECORDS, 301		
. ~(M		762176 M	CERTIFICATE	OF DEATH	16217
death			PLACE OF DEATH O COUNTY OF THE PLACE OF THE	MARYLAND	2. USUAL RESIDENCE (Where do	eceased lived, if institution: Residence before admission) AND Lent
naurs after by the full s. Pages 1		1	b. CITY OR TOWN (If autside carparate limits, write RURAL/and give negrest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside ca	rparate limits, write RURAL and give nearest tawn)
		E	A NAME OF HOSPITAL OR INSTITUTION (If not in hi	aspital, give street address	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES \ NO \[\frac{1}{2} \]
ate be executed within 24 letin and campletely filled in ease remave carban paper			NAME OF DECEASED (Type or print)	herine V K	last 4. DA	ATH Nou. 1 1966
and camp		S. FE		NEVER MARRIED 8.	DATE OF BIRTH PRIVIZE MODE	9. AGE (In years Last pirthday) Manths Days Haurs Min.
icate be e sician and please re-			USUAL OCCUPATION (Give kind af wark dane ing nast af werking life, even it retired)	10b. KIND OF BUSINESS OR POUR EST	11. BIRTHPLACE (County & State	ar fareign country) 12. CITIZEN OF WHAT COUNTRY
physician hen please			FATHER'S NAME SCURT	75	14. MOTHER'S MAIDEN NAME EMME/IN	E JOHNSON
attending permit. I		15. (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? s, na, ar unknawn) (If yes give war ar dates af servi		Holetal Reco	Is EASTON, Md
that the death certifican. an. by the attending physicansis permit. Then place the properties of the properties of the place of the p			18. CAUSE OF DEATH (Enter anly one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	line far (a), (b), and (c).)	hemourh	INTERVAL BETWEEN ONSET AND DEATH
physiciar signed burial-tro			Canditians, if any, which gave (b) (b)	Cerebral o	enteriosa	lenoi une
e law requestion to the property of the proper	3		stating the underlying cause last. DUE TO (c)	and fly	pertensive	cardiovasculardisease
문 to F S t	0	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIB	BUTING TO DEATH BUT NOT RELATED TO TH	HE TERMINAL DISEASE CONDITION	GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO 12
日本主要も	5	L CERTIFICATION	20g. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	205. DESCRIBE HOW INJURY OCCURRED. (F	Enter nature af injury in Part I a	Part II of item 18.)
by the has offer this ce be detached that Dent		MEDICAL	20c. TIME OF INJURY Month, Day, Year Haur a.m. p.m. 19		E OF INJURY (Hame, farm, ry, street, affice bldg., etc.)	Of. (City ar tawn) · (Caunty) (State)
3 P T 4			21. I certify that (I) (this haspital) saw the deceased alive an		death accurred at 430	, ta, 19, that (I) (we) last AM, fram causes and an the date stated abave.
OR ATTENION DIRECTOR: /			22a. SIGNATURE Robert	W. Trever M.D.		OR PHYS. 22b. DATE SIGNED
AL Page				Trever, M.D.		d.
Page 4 nr FUNER directar,		230	BURNAT, CREMATION, 23b. DATE THEREOF PROVAL (Specify)	Checter CE	METERY C.	DESTER CENT Md
VR A15 (4	Ros	1	FUNERAL DIRECTOR	Bio Contieville	OLO 250 REC'D BY REC	GISTRAR 25b. REGISTRAR'S SIGNATURE

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FOR STATE HEALTH DEPT.

please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the functal director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with tem PM3. Page 5 may be retained for your files.

**TO PUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit his pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1 MARYLAND

TOZIS MEDI	CAL EXAMINER	CEKTIFICA	IE OF DEATH	1001
1. PLACE OF DEATH		2. USUAL RESIDEN	CE (Where daceasad lived, If	Institution: Residence before admission
a. COUNTY Talbox	MARYLAND	o. STATE Manue	land b. COUN	Talbot
b. CITY OR TOWN (if outside corporete limits,	E. LENGTH OF STAY IN 16			RURAL and give neerest town)
write RURAL end give neerest town)	Lifetime	Eas	ton	20.1
d. NAME OF HOSPITAL OR INSTITUTION (if not i	n hospital, give street eddress)	d. STREET ADDRESS	4	e. IS RESIDENCE ON A FARM?
422 August Street		422 #	August Street	YES NOX
3. NAME OF First DECEASED	Middle	Last	4. DATE Monti	h Dey Year
(Type or print) Mildred Elizat	eth (hance		DEATH	Nov. 30 1966
5. SEX 6. COLOR OR RACE 7. M.	ARRIED NEVER MARRIED B.	DATE OF BIRTH	9. AGE (In years last birthdey)	
	OWED DIVORCED	May 19, 189	77 69 yrs.	Months Deys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	Ob. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF WHAT COUNTRY
Housework		Maryland	1	USA
13. FATHER'S NAME	W. C. II	14. MOTHER'S MAIDEN	NAME	
Charles M. 7		Katie Go	lt	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) (Ifyes give war or detas of sarvice)	16. SOCIAL SECURITY NO. 17. II	NFORMANT	Address	
no	218-20-5334B Ja	mes L. Chance	ce. 12 (hoptan)	& Ave. Easten. Mil
18. CAUSE OF DEATH Enter only one cause	per line for (e), (b), end (c).]		,	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	coronary per	Vision		ONSET AND DEATH
420.1 DUE TO 0		2		750
//	SCUD			
geve rise to immediate causa	0000			
(a), stating the undarlying DUE TO				
cause lest. J (c)				
PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMIN	AL DISEASE CONDITION GIV	/EN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
TY.				YES NO IX
E 200. EXTERNAL CAUSE WAS 20b. E	DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in P	ert I or Part II of item 18.)	
PART II. OTHER SIGNIFICANT CONDITIONS 208. EXTERNAL CAUSE WAS 20b. E PRIMARY or CONTRIBUTING CAUSE OF DEATH.				
	20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, ferm	, 20f. (City or fown)	(County) (State)
Hour e.m.	While Not While factor	ory, street, office bldg., etc.		(Siele)
	t work et work			
21. I certify that I took charge of the	remains described above, hel	d an Autopsy ,	Inspection X, Inqui	ry . and in my opinion
death resulted from: Natural causes	X, Accident , Suici	de, Homicide	Undetermined m	lanner
	11.1	CHIEF MEDICAL I	EXAMINER	
ACTUAL SIGNATURE	Mella	M.D. ASSISTANT MEDI	CAL EXAMINER	DATE SIGNED
	11/	LA DEPUTY MEDICAL	EXAMINER IX	17 111
EXAMINER'S NAME (Type)	WELTY	710	city, town, or county)	12-166
220. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY OR		22d. LOCATION (City, town	, or county) (Stete)
Burial (Spacify) 12/2/1966	Spring Hill		Easton" My	s.r
23. FUNERAL DIRECTOR	ADDRESS	24a. REC	D BY REGISTRAR 24b. REG	ISTRAR'S SIGNATURE
MALIRACE & NEUMAM & C	ON. Easton M	DATE N	EC 2 1966	Marley Judge
THE MINING	UI. Caston I'm	I DVIE D	U 6 1000	may judal

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	16219		CERTIFICA	ATE OF DEATH		16219		
	PLACE OF DEATH a. COUNTY	albot	MARYLAND	a. STATE Ma		TY Caroline		
	 b. CITY OR TOWN (If auts write RURAL and give 		c. LENGTH OF STAY IN 16		utside carparote limits, write RUR. deralsburg	AL and give nearest town)		
	d. NAME OF HOSPITAL OR Merco		spital	d. STREET ADDRESS	rth Main Stree	e. IS RESIDENCE ON A FARM? YES NO X		
	NAME OF DECEASED (Type or print)	First Sary	Stant .	Claque.	4. DATE Manth OF DEATH	23 19 66		
		10	MARRIED NEVER MARRIED IDOWED DIVORCED	B. DATE OF BIRTH October 11,1	9. AGE (In yeors last birthday) 90 yrs.	Manths Days Hours Min.		
10o duri	o. USUAL OCCUPATION (Give ing most of warking life, ev Housewor	kind of wark done en if retired) K	10b. KIND OF BUSINESS OR INDUSTRY Home		(& State, ar foreign country) e's County, Md	12. CITIZEN OF WHAT COUNTRY?		
13.	FATHER'S NAME Geo	orge W. Sta			NAME Atkinson			
IS. (Ye	WAS DECEASED EVER IN U. es, no, or unknown) (If yes	S. ARMED FORCES? give war ar dates af serv	ice) 16. SOCIAL SECURITY NO. 217-12-4921	17. INFORMANT Mrs. Cora Flu	harty, Federal			
	PART I, DEATH WA		r line far (a), (b), and (c).	he gastes	i testical	INTERVAL BETWEEN ONSET AND DEATH		
	Canditians, if any, which gave rise to immediate cause (a),					4 days		
	stoting the underlying last.	(c)_	Peptie us		ANDITION CIVEN IN DART 1/-)	119. WAS AUTOPSY		
ICATION			BUTING TO DEATH BUT NOT RELATED			PERFORMED? YES NO		
MEDICAL CERTIFICATION	20a. ACCIDENT WAS UNDE OR CONTRIBUTING (IF EITHER, NOTIFY MEDIC	USE OF DEATH AL EXAMINER)	205. DESCRIBE HOW INJURY OCCURI					
MEDICA	20c. TIME OF INJURY M Hour a.m. p.m.	19	While at work Of work	PLACE OF INJURY (Home, fart factory, street, office bldg., etc	.)	(County) (Stote)		
	21. I certify that (I) (this haspital) attended the deceased fram 20 NN, 1946, to 23 Nov., 1944 that (I) (we) last sow the deceased olive on 22 Low 1966, and that death occurred at 113 A.M., from causes and an the date stated obave.							
	220. SIGNATURE M.D. ATTENDING MED. STAFF 226. DATE SIGNED 226. DATE SIGNED 23 Con CC							
		HURSTON		22d. ADDRESS				
	BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE THEREOF 11-25-66	Hill Crest	Cemetery	23d. LOCATION (City or Tow Federalsburg	g, Maryland		
24	FUNERAL DIRECTOR	tom Ison	Federalsburg,	100 11	D BY REGISTRAR 25b. REG	GISTRAR'S SIGNATURE		

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and camber filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then pleas, centure carban papers. Pages 1 and 2 shauld be filed with the State Dept. at Health priar ta burial, crematian, or removal, and in any event, within 72 haurs after death. **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or attending physician. VR A15 (4) 20 M 1/66

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THE REAL WAY 15-16-16

FOR STATE HEALTH DEPT.

please execute the certificate, writing the word "pending" in pencil in Item 18 Give ages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form 8/43. Page 5 may be retained for your files.

IO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit (File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. CAL EXAMINER: This certificate should be executed within 24 hours after death. TO DEPUTY IN

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

MEDICAL EXAMINER'S

EKI	IFICAT	e Or	DE	A I I		100	162	211	
USUAL	RESIDENCE	(Where	deceased	lived, I	f Instit				
a. STATE	Manul	and		b. COU	YTM	Ta	1hat		

1.	PLACE OF DEATH a. COUNTY Talbet	MARYLAND	a STATE A4	CE (Where deceased lived, b. COI	If Institution: Residan	
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) St. Nicraels	c. LENGTH OF STAY IN 16		f outside corporata limits, with (rural)	rite RURAL and give	neerest town)
	d. NAME OF HOSPITAL OR INSTITUTION (if not in h Talbot Street	ospital, give street eddress)	d. STREET ADDRESS			ON A FARM?
3.	NAME OF DECEASED (Type or print) Olin Oscar Daff	Middla in	Last	4. DATE Mor OF DEATH	11/21	Year 1966
	male white WIDOV	THE VER MARKIED	2/9/1910	9. AGE (In yea last birthday yrs.) IF UNDER 1 YEAR Months Deys	IF UNDER 24 HRS. Hours Min.
10a	ne during most of working life, evan if retired)	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote		USA	F WHAT COUNTRY?
13.	Arthur Daffin		14. MOTHER'S MAIDEN I Annie Mie			
	WAS DECEASED EVER IN U.S. ARMED FORCES? 16, 15, 10, or unkown) (If yes give war or deles of service)		s. Olin O. L	Paffin, East		FD
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if eny, which gave rise to Immediate cause (e), stating the underlying cause last.		cclusion	U		ERVAL BETWEEN ISET AND DEATH
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CO	ERIBE HOW INJURY OCCURRED. (9. WAS AUTOPSY PERFORMED? YES NO 1
MEDICAL	20c. TIME OF INJURY Month, Dey, Yaar 20d Hour a.m. Wh	ileNot While factor	E OF INJURY (Home, ferm ry, streat, office bldg., atc.		(County)	(State)
	21. I certify that I took charge of the redeath resulted from: Natural causes ACTUAL SIGNATURE LAWS OF SIGNATURE EXAMINER'S NAME (Type)	1	CHIEF MEDICAL E	CAL EXAMINER	manner [in my opinion ATE SIGNED - YY 66
228	BURIAL, CREMATION, 226. DAYE THEREOF 11/23/1966	Woodlaun Memo	rial Park	Easton, Md.	wn, or county)	(State)

REC'D BY REGISTRAR

NOV

24b. REGISTRAR'S SIGNATURE

966

ADDRESS

MAURICE E. NEWHAM & SON, Easton, Md.

YR AISME 5M 1/63

23. FUNERAL DIRECTOR

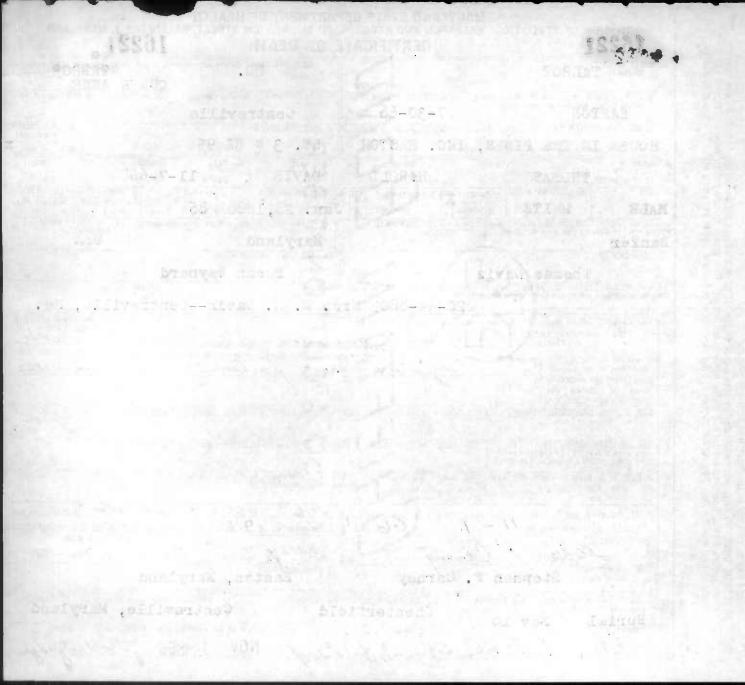
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444	(Asset)		्रक्षा कर कर कि	***************************************

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH
16221

1.	PLACE OF DE a. COUNTY	TALBOT		MARYL	AND	2. USUAL a. STAT	RESIDENCE TE	(Where o	deceased lived, If b. CO	institution: UNTY HERN		ore admission)
		OWN (if outside corpora AL and give nearest tow STON		-30-66	IN 1b		TOWN (If ou Centre		orporate limits,			earest town)
J		HOSPITAL OR INSTITUTION IN THE PIN				d. STREET.	ADDRESS 3 * I	BX (95		0	S RESIDENCE ON A FARM?
	NAME OF		irst	Middle HAROLD	-	Last DAV	14	4. DATI			Day	Year 19
	SEX	6. COLOR OR RACE		NEVER MARRIED	8	B. DATE OF	BIRTH		9. AGE (In year	STIFTINDE	R 1 YEAR IF U	
10a dur	ALE . USUAL OCCUP ing most of we anker	WHITE PATION (Give kind of work orking life, even if retire	WIDOWED 10b. KIND (NDU)	OF BUSINESS OR STRY					86 yrs.	try) 12. (CITIZEN OF COUNTRY?	WHAT
	FATHER'S N	AME					ER'S MAIDEN	NAME			UDA	
		Thomas Da					Susar	n Be	ynard			75 B
		ED EVER IN U.S. ARMED FO	of service)	CIAL SECURITY NO.		INFORMANT			Add			
_	TO CAHOL	OF DEATH EFFECT ONLY		44-8809		s. T.	H. De	av18	Cent	revi.		Md .
	PART I. 490 Conditions,	OF DEATH (Enter only on DEATH WAS CAUSED BY IMMEDIATE CAUSE) If any, which	(: R	LL g	22	eum	Land	ia Dun			ONSET	and death week
		stating the DUE	(c)			1	/					
CERTIFICATION		ER SIGNIFICANT CONDITION		G TO DEATH BUTNO	TRELA	TED TO THE T	ERMINAL DIS	EASECO	ONDITION GIVEN	IN PART 1(a	19. W/ PE YES [AS AUTOPSY REFORMED? NO
	20a. ACCIDE OR CONTRIB (IF EITHER,	NT WAS UNDERLYING ☐ UTING ☐ CAUSE OF DEA NOTIFY MEDICAL EXAMI	TH NER)	CRIBE HOW INJUR	Y OCCU	RRED. (Enter	nature of in	njury In	Part I or Part Ii	of item 1	8.)	
MEDICAL	20c. TIME O	OF INJURY Month, Day, a.m. p.m. 19	While	RY OCCURRED 20 Not While at work	De. PLAC factor	CE OF INJURY ry, street, offi	Y (Home, farm ice bidg., etc.)	n, 20f.	(City or town)	(Co	ounty)	(State)
	saw the	rtify that (I) (this host	4						o 7 now from the cause	s and on	the date st	tated above.
1	22a. SIGNA	Stephen 1.	? Cam	9	M.D.		JUL DIK	ED. RECTOR	STAFF PHYS.	22b.	DATE SIGNE	
		(Type) Stephe	en P. Ca	irney		22d. AD	Easto1	n, l	Marylan	d		
23a	BURIAL, CR REMOVAL (Buris			3c. NAME OF CEN Chester				Ce	LOCATION (CITY, ntrevil	le,	Maryl	
24.	. FUNERAL D	Can L. La	ine C	hurch 1	Ki	on 1	25a. REC'D DATE NO		4 1966		R'S SIGNATU	

VR A15 (4) 20M 1/65



10 HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death.

Page 4 may be retoined by the hospital or ottending physicion.

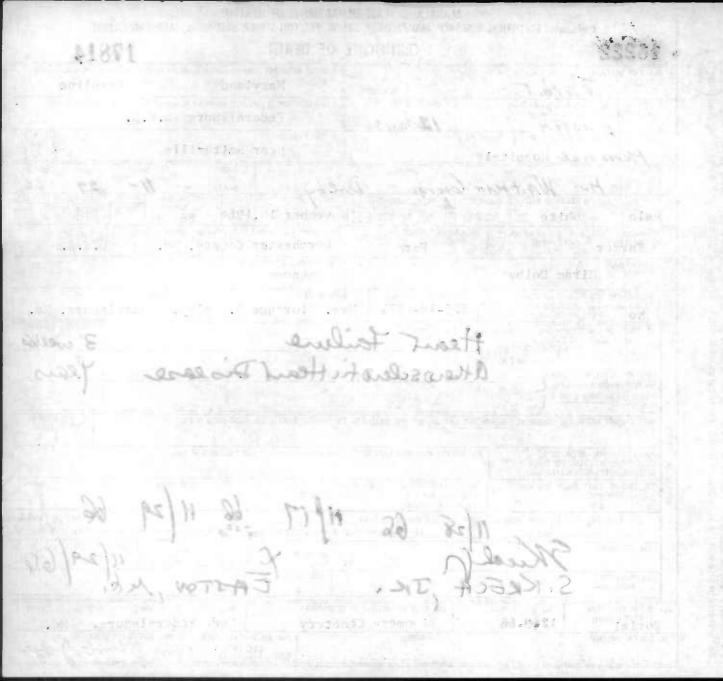
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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	16222		CERTIFICATE	OF DEATH		17814
	PLACE OF DEATH a. COUNTY	-1bot	MARYLAND	CT 1 TC	Where deceased lived, if institution 7 land b. COUNTY	
	b. CITY OR TOWN (If outside write RURAL and give no	earest town)	c. LENGTH OF STAY IN 16		eralsburg R.F.	
	d. NAME OF HOSPITAL OR IN	ISTITUTION (If not in hospital Hospital		d. STREET ADDRESS	Smithville	e. IS RESIDENCE ON A FARM? YES NO
	NAME OF DECEASED (Type or print) Mu-	First WATHAM OR OR RACE 7. MARRIE		Lost Lby DATE OF BIRTH 18	last histheau)	Day Year - 29 19 66. IF UNDER 1 YEAR IF UNDER 24 HRS. Months Doys Haurs Min.
100	Male Who DISUAL OCCUPATION (Give king meet of working life, even Farmer)	ite WIDOWE nd of work dane if retired) 10b.	D DIVORCED 1 P KIND OF BUSINESS OR INDUSTRY Farm	, ,	8 Stote, or fareign cauntry) County, Md.	12. CITIZEN OF WHAT COUNTRY?
13.	FATHER'S NAME Hira	m Dolby	Market 1.5	14. MOTHER'S MAIDEN I Unknown	NAME	
IS. (Ye	. WAS DECEASED EVER IN U.S. es, na, or unknawn) (If yes gi			NFORMANT cs. Florence	Address A. Dolby, Fed	
	PART I. DEATH WAS	DUE TO OUE TO OUE TO	thersclerof	lune cHear	Disease	INTERVAL BETWEEN PINSET AND DEATH PLANS.
CATION	PART II. OTHER SIGNIFICAN	IT CONDITIONS CONTRIBUTION	G TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CON	NDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
CERTIFICATION	20a. ACCIDENT WAS UNDER L OR CONTRIBUTING ☐ CAUS (IF EITHER, NOTIFY MEDICAL	E OF DEATH	DESCRIBE HOW INJURY OCCURRED.	Enter noture of injury in	Part I ar Part II af item 1B.)	
MEDICAL		19 Whatw (I) (this haspital) att	ork of While of factor		19 66 ta 11/29	(County) (Stote) , 19 County (I) (we) la nd an the date stated abav
	saw the deceased 220. SIGNATURE 22c. PHYSICIAN'S	Keel	M.C.	ATTENDING 🐪	MED. STAFF DIRECTOR PHYS.	22b. DATE SIGNED
230	nAME (Type) D. BURIAL, CREMATION, REMOVAL (Specify) BUTIAL	23b. DATE THEREOF 12-3-66	23d NAME OF CEMETERY OR O		23d. LOCATION (City or Town Near Federal	, , ,, , ,
24	4. FUNERAL DIRECTOR	7 ,	ADDRESS			STRAR'S SIGNATURE Charles Judge

VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

1		46223	CERTIFICATE	OF DEATH	162	22
		PLACE OF DEATH O. COUNTY ALALA	MARYLANO	o. STATE MARY	e deceased lived, if institution: Reside	mce before admission) A/bo+
18		o. CITY OR TOWN (If autside carparate limits, write RURAL and give neorest town)	c. LENGTH OF STAY IN 16 7 days	-Incl	corporate limits, write RURAL and gi	20.1
18		d. NAME OF HOSPITAL OR INSTITUTION (If not	in bospital, give street address	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO
		NAME OF DECEASED Type or print) NAME OF DECEASED VILLIA	in Henry	Helcher	DATE Month OF DEATH	Day Year 1966
	S.	1A/E COLORED	7. MARRIED NEVER MARRIED B	MAR, 2, 189	9. AGE (In years last birthday) Months	Days Haurs Min.
	duri	USUAL OCCUPATION (Give kind of work done ng myst of working life, even if retired)	10b. KIND OF BUSINESS OR NOUSTRY DOMESTIC	11. BIRTHPLACE (County & Sto		OUNTRY?
	19	RATHER'S NAME	her	MARY CI	MMA ChERR	
		WAS DECEASED EVER IN U.S. ARMED FORCES? s, na, ar unknawn) (If yes give war ar dates af		SPhital Ke	Foods GAST	ox, Md
		1B. CAUSE OF DEATH (Enter only one cause PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o	1/2 EMIA	C-HRANIC		ONSEDAND DEATH
0		Conditions, if any, which gave rise to immediate couse (o),	CARDNIC	PYELON	EPAPLITIS	YRS
		stoting the underlying cause but to	YERIVREFH	RAL AL	RSCESS	35 years
0	CERTIFICATION		NTRIBUTING TO DEATH BUT NOT RELATED TO THE			19. WAS AUTOPSY PERFORMED? YES NO
		20o. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED. (
	MEDICAL	20c. TIME OF INJURY Manth, Day, Year Haur a.m. p.m. 19	While at wark of work focto	E OF INJURY (Home, farm, pry, street, office bldg., etc.)		ounty) (State)
		saw the deceased alive an	ital) attended the deceased fram 11-141966 and that		M, fram causes and on	
,		22a. SIGNATURE	Le Gyson M.D	ATTENDING MEE PHYS. DIRI	C. STAFF PHYS. 22b.	PATE SIGNED
1	00	NAME (Type) KICHARL	F. TYSON	36 5 A	WRORA ST M	9 21601
0	1	BURIAL (REMATION, 23b. DATE THER PROVAD(Specify)	23c. NAME OF CEMETERY OR C	EMETORY 250 REC'D BY	23d. LOCATION (City or Town) REGISTRAR 25b. REGISTRAR'S	(County) (State)
(B)	0	Herbert L	ashiell, Cut	on the DATE NOV	1 1 7 1966 Icha	when Judge

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.

STATES TO SECURITIZE SET TO STATE AND STATES OF THE STATES 118851

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rage 4 may be retained by the nospiral of attending physicials.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

> VR A15 (4) 15M 4-64

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

1.0000

IUDAU.		0. 5271111		UCGO
1. PLACE OF DEATH 9. COUNTY		2. USUAL RESIDENCE	(Where deceased lived, If institu	tion: Residence before admission)
TALBOT	MARYLAND	a. STATEMAR	YLAND B. COUNTY	een ITNNE
b. CITY OR TOWN (If outside corporate limits.	c. LENGTH OF STAY IN 1b		utside corporate limits, write i	
ST. MICHAELS	10-45-11-E	CHEST	TEN	17.3
d. NAME OF HOSPITAL OR INSTITUTION (If not in he	ospital, give street address)	d. STREET ADDRESS	1614	e. IS RESIDENCE
D! - Wista Nica 1	TOME			ON A FARM?
NIO VISTA IVURSING T			4 DATE Month	YES NO NO
3. NAME OF DECEASED (Type or print)	TIMMS	HARRIS	4. DATE OF DEATH NOV.	18 19 66
5. SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED 8	B. DATE OF BIRTH	9. AGE (in years IFL last birthday) Mo	UNDER 1 YEAR IF UNDER 24 HRS.
MALE WHITE WIDOWED	DIVORCED S	Sept. 20-18	386 80 yrs.	nths Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. K during most of working life, even if retired)	IND OF BUSINESS OR	11. BIRTHPLACE (Cour	nty & State, or foreign country)	12. CITIZEN OF WHAT COUNTRY?
FARMER AND WATER!	MAN	MARYLO	AND	USA
13. FATHER'S NAME		14. MOTHER'S MAIDE		
J. HUGH HARRIS		DeBORE	3H IMMS	5
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. (Yes, no, or unkown) (If yes give war or dates of service)	, , ,	INFORMANT	Address	M -
226	0-32-0455 EL	LIOTT HAR	eris - Lihest	IER MP.
18. CAUSE OF DEATH [Enter only one cause per]	ine for (a), (b), and (c).]			INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	cretisal Meron	n bases		8 Rays
223	0 1	1/ n		
Conditions, if any, which (b)	cerebral al	hundler	es	(7/
gave rise to immediate (
cause (a), stating the underlying cause last.				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBL	JTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DIS	SEASE CONDITION GIVEN IN PAR	RT1(a) 19. WAS AUTOPSY PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTED 20a. ACCIDENT WAS UNDERLYING 1 20b. I OR CONTRIBUTING 1 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				YES NO
20a. ACCIDENT WAS UNDERLYING 20b. I	DESCRIBE HOW INJURY OCCU	RRED. (Enter nature of li	njury in Part I or Part II of it	em 18.)
20a. ACCIDENT WAS UNDERLYING 20b. I OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
	NJURY OCCURRED 200. PLA	CE OF INJURY (Home, farm	n, 20f. (City or town)	(County) (State)
20c. TIME OF INJURY Month, Day, Year 20d. II Hour a.m. p.m. 19 at work	- NOT ANULA -	ry, street, office bldg., etc.	.)	
		3/6./- 10	46 to 18 how	10/c/c that (I) (wa) load
21. I certify that (I) (this hospital) attended	1966 and that	death occurred at 5		19 <u>44</u> , that (I) (we) last d on the date stated above.
saw the deceased alive on	, and that	death podulied ala	yi, from the Gauses and	2b. DATE SIGNED
Munchen Staries	M.D	ATTENDING ME	ED. STAFF PHYS.	21 how 66
22c. PHYSICIAN'S	Mil	22d. ADDR 58\$	RECTOR FINIS.	
NAME (Type) THURSTON HA	RRISON	Cashe	n Many Cand	
23a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY	4	23d. LOCATION (City, town	6.6
BURIAL Nov. 21	STEVENSU	ILLE	STEVENSVILL	E MD.
24. FUNERAL DIRECTOR	ADDRESS //i	M 25a REC'I	E 4000 11/1/10-1	STRAR'S SIGNATURE
(dgar) of have 6	HURCH HILL	DATE	5 1966	0

P) State of the state of the state of

and the same of th

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16226	CERTIFICAT	OF DEAT	ГН		163	224		
o. COUNTY	MARYLAND	o. STATE	ENCE (Where de Mary 1	ceased lived, if in:	COLINITY	ence befor		/
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	N (If outside cor Hurlo	porote limits, write Ck	RURAL and g	ive neores	t town)	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, gi	ive street oddress)	d. STREET ADDRE	ESS				e. IS RESII ON A F YES	
NAME OF DECEASED (Type or print) First SEX 6. COLOR OR RACE 7. MARRIED 1	NEVER MARRIED	Lost RSQV 8. DATE OF BURTH	4. DA OF DE/	TE ATH // 9. AGE (In yea	Month rs IF UNDE	Doy R 1 YEAR	Ye 19	66
Male White WIDOWED	DIVORCED	April /22			rs.		Hours	Min.
uring most of working life, even if retired) Retired U.S.Govt.Employee-Ge	ND OF BUSINESS OR DUSTRY eneral Service	s ADM.	Crisf	ield, Mo	1 (COUNTRY?	A WHAT	
Joshua R. Horsey		14. MOTHER'S M		. Sterli	ng			
(Yes no or unknown) (If yes give wor or dates of service)	DOMESTIC CONTRACTOR OF THE PARTY OF THE PART	INFORMANT	M. Hor		Address	Mary	land	
18. CAUSE OF DEATH (Enter only one cause per line for (PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	(a), (b), ond (c).)	reardin	I my	Contin			ERVAL BET	
Canditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.			0					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO			ASE CONDITION	GIVEN IN PART 1(d	1)	19.	WAS AUT	DPSY IED?
Hemosphorderten 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 205. DES	3 Oct SCRIBE HOW INJURY OCCURRED	(Enter nature of in	jury in Port I ar	Part II of item 18	.)	Y	ES	NO ₹
(to entremy worth the break entrance)	Not While fo	ACE OF INJURY (Hom tary, street, office blo	,	Of. (City or tow		County)		(Stote)
21. I certify that (I) (this haspital) attended the deceased fram 28 fep , 19 66, ta 3 Nov , 19 66, that (I) (we) last saw the deceased alive on 2 Nov 19 66 and that death occurred at 32 M, from causes and on the date stated abave.								
220. SIGNATURE Stephen P Ca	med N	.D. PHYS.	MED. DIRECTO	STAFF PHYS.	22b.	DATE SIGN	- G C	
22c. PHYSIĆIAN'S / NAME (Type)		22d. ADDRES		on, Md.	VIVES			
230. BURIAL (REMATION, PEMOYAL (Specify) Nov.7,1966	23c. NAME OF CEMETERY OF Ft. Lincoln	Cemetery	C	LOCATION (City of Colman Ma	nor, M		and	Stote)
20. FUNERAL DIRECTOR Transaction Funeral	And Feder		TE NOV 1	0 1966	gelia Jelia	rles		e

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death.

Page 4 moy be retained by the hospitol or attending physician.

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Refress 1. Lower Engloyee Congress Services Now. Crinificiary h.

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

16227 CERTIFICATE OF DEATH er-death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND of the b. CITY OR TOWN (If outside corporate limits, LENGTH OF STAY IN 16 side corporate limits, write RURAL and give nearest town) ban papers. Page within 72 hours a write RURAL and give negrest tawn INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS CREEK, 20 3. NAME OF First Middle DATE Lost OF DEATH DECEASED in any event (Type or print) 5. SEX NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR 7. MARRIED lost birthdoy) Months 00 WIDOWED DIVORCED 10b. KIND OF BUSINESS OR 10o. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & Stote, or foreign country) INDUSTRY ON E during most of working life, even if retired) pup 13. FATHER'S NAME crematian, or removal, signed by the attending phy burial-transit permit. Then burial, crematian, or remova AVADIN 1S. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, opurknown) (If yes give wor or dates af service) 16. SQCIAL SECURITY NO. INFORMANT Address SAME NONE LAVAdia CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (a) DUE TO stoting the underlying couse as the lost.

INTERVAL BETWEEN ONSET AND DEATH u WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) PERFORMED? CERTIFICATION

20o. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER

20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Doy, Year Hour o.m. While Not While ot work ot work

20e, PLACE OF INJURY (Home, form, 20f. foctory, street, office bldg., etc.)

21. I certify that (1) (this hospital) attended the deceased from and that death accurred at 11 3 _M, from causes and an the date stated above. saw the deceased alive an 22o. SIGNATURE DATE SIGNED 22b. ATTENDING STAFF

M.D. ohn Baybutt M. I

PHYS. 22d. ADDRESS

(County)

BURIAL CREMATION,	23b. DATE THEREOF	23c. NAME, OF CEMETERY O	R CREMATORY
REMOVAL (Specify)	11/11/1	1:0110	Kon
REMOVAL (Specify)	11/9/66	LINAS	MOAC
	I II E II A	100-0-0	

LOCATION (City or Town)

(City or town)

(County) (Stote)

(Stote)

e. IS RESIDENCE ON A FARM?

Year

1966

IF UNDER 24 HRS.

Hours

NO P

YES

Doy

Dovs

12. CITIZEN OF WHAT

2So. REC'D BY REGISTRAR

DIRECTOR

REGISTRAR'S SIGNAPURE

VR A15 (4) 20 M 1/66

requires that the death certificate be executed within 24 haurs after death.

ond,

and completely filled in by the funeral remave carban papers. Pages 1 and

please

physician

attending physician.

by the haspital or

be retained

Page 4 may

has been

TO FUNERAL DIRECTOR: After this certificate

OR ATTENDING PHYSICIAN:

of Health

Dept.

State [

with the

MEDICAL

230.

far

detached

pe

should

director, page 3 shauld be filed v

Name of father on death cert. does not agree with name on both certificates: liftidoots reused to make change -12/6/66-308

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral hours after 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institute . COUNTY b. COUNTY by the and 2 death. MARYLAND ALDO and b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporata limits, write RURAL and give nearest town) write RURAL end give nearest town) rs. Pages 1 a = NITMAN within filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? completely YES NO papers. 72 3. NAME OF First Middle Last 4. DATE Month Day Year DECEASED OF = (Type or print) DEATH 8 1966 within DNTS carbon 5. SEX 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE pue 7. MARRIED T NEVER MARRIED last birthday) Months Days event, WIDOWED' DIVORCED physician гетоме 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) any MAIGRANAN please 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ending pue INFORMANT removal, 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. (Yes, no, or unkown) | (If yes give war or dates of service) that 18. CAUSE OF DEATH |Enter only one cause for line for (a), (b) and (c). 3 INTERVAL BETWEEN physicia 0 ONSET AND DEATH has been signed to burial-transit per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) emation, DUE TO attending Conditions, if any, which (b) 5 gave rise to immediate cause DUE TO (a), stating the undarlying the cause last PHYSICIAN certificate PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY 98 0 CERTIFICATION PERFORMED? use prior YES NO T Pol 20a. ACCIDENT WAS UNDERLYING TI 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of item 18.) 9 Health OR CONTRIBUTING TI CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) After ATTENDING 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, ! 20f. (City or town) (County) (State) Month, Day, Year 50 factory, street, office bldg., etc.) While Not While DIRECTOR: Dept. at work at work 19 D.m. 99 plnods State 19.66 and that death occurred at 7.156M, from the causes and on the date stated above. the deceased alive on. SIGNATURE 22b. DATE 228 MED. STAFF SIGNED HOSPITAL FUNERAL page with th PHYS. DIRECTOR PHYS. M.D. PHYSICIAN'S NAME (Type) 22d. ADDRESS filed v 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 후 0 REMOVAL (Specify) 24 SUNERAL DIRECTOR'S SIGNATURE 25b. REGISTRAR'S SIGNATUR **ADDRESS** 25a. REC'D BY REGISTRAR VR A15 20M 5-63

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	16229	CERTIFICATE	OF DEATH		16227				
	1. PLACE OF DEATH a. COUNTY A hot	MARYLAND	2. USUAL RESIDENCE (Who	ere deceased lived, if institutio b. COUNT	n: Residence befare admission)				
	b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	-	de corporate limits, write RURA	AL and give nearest town)				
8	d. NAME OF HOSPITAL OR INSTITUTION (If not in hi	100/	d. STREET ADDRESS	ASHINGTON	e. IS RESIDENCE ON A FARM? YES NO				
	3. NAME OF DECEASED (Type or print) Mrs. Cenna	Spance Mace	Lost	4. DATE Month OF DEATH	Day Year 1966.				
	1 41	MARKIED NEVER MARRIED 8	DATE OF BIRTH	9. AGE (In years lost birthday) yrs.	Months Days Hours Min.				
	100. USUAL OCCUPATION (Give kind af wark dane during most of warking life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY FOUSEKEEPING	11. BIRTHPLACE (County & S)	STE MD	12. CITIZEN OF WHAT COUNTRY?				
	13. FATHER'S NAME VO HN SELFBY		14. MOTHER'S MAIDEN NAI	IRY SPENCE	3 <i>E</i>				
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, or yinknown) (If yes give wor or dates at servi		ST HOWARD	ANTHONY	3035, WASHIN GTONS				
	18. CAUSE OF DEATH (Enter only ane couse per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	r line far (a), (b), and (c).)	tranbosi	>	INTERVAL BETWEEN ONSET AND DEATH				
	Conditions, if any, which gave rise to immediate couse (a), stoting the underlying couse DUE TO DUE TO	Anteroscherter	heart de	Leller .	YRS				
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIL	BUTING TO DEATH BUT NOT RELATED TO THE	HE TERMINAL DISEASE CONDI	TION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO				
	200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Pa	rt I or Part II of item 18.)					
	20c. TIME OF INJURY Month, Doy, Year Hour o.m. p.m. 19	While Not While focto	E OF INJURY (Home, farm, ory, street, office bldg., etc.)	20f. (City or tawn)	(County) (State)				
	saw the deceased alive an	21. I certify that (I) (this hospital) attended the deceased fram 13 Nov 1966, to 14 Nov 1966, that (I) (we) last saw the deceased alive an 13 Nov 1965, and that death occurred at 13 M, from causes and on the date stoted obove.							
	Slephon	22a. SIGNATURE STAFF M.D. ATTENDING MED OTRECTOR STAFF 1/4 1 5 - 6 6							
1	NAME (Type)	arney M.			11/15/66				
	239 BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THEREOF	166 FAST NEW M	PARKET	23d. LOCATION (City or Town	KET DOR: MAS				
	24. FUNERAL DIRECTOR	ADDRESS Carton	DATE NO	39 REGISTRAR 256. REG	Charles Judge				

O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death.

Poge 4 may be retoined by the hospital or attending physician.

VR A15 (4) 20 M 1/66

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages I and 2 should be filed with the State Dept. of Health prior to buriol, cremation, or removal, and in any event, within 72 hours after death.



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

16230

CERTIFICATE OF DEATH

16228

-1		PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)			
	(a. COUNTY	o. STATE Maryland b. COUNTY Talbot			
		19160T MARYLAND	0			
	1	b. CITY OR TOWN (If outside carporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town)	c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn)			
		Fasten 4 hrs.	Easton 20./			
1		d. NAME OF HOSPITAL OR INSTITUTION (If nat in, haspital, give street address)	d. STREET ADDRESS e. IS RESIDENCE			
X	(1. WANTE OF HOSPITAL OK INSTITUTION (II Had highlaspital, give sheet address)	II ON A FARM?			
U		Memorial Hospital	221 S. Aurona Street VES NO DE			
		NAME OF First Middle	Last 4. DATE Month Day Year			
	- (DECEASED (Type or print) Rade + Milton Ke	OF DEATH 1/ 6 1966			
	S. S		B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.			
	5.	Male white WIDOWED & DIVORCED	3/14/1879 (ast birthday) Manths Days Haurs Min.			
	10a.	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County & State, or fareign country) 12. CITIZEN OF WHAT			
	duri	normast of working life, even if retired) MDUSTRY	COUNTRY 2			
0			quede many desir			
	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME			
		Robert M. Reeves	Harriett Nelson			
	15.		NFORMANT Address			
	(70:	s, na grynknawn) (If yes give war ar dates af service) 216-24-3856 Mrs	o. Charles T. Marshall, Easton, Md.			
		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	INTERVAL BETWEEN			
-		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac asta	ONSET AND DEATH			
6		14.7	10			
		TX DUE TO DUE TO	10 00 0 10 18 8 9 man			
		Conditions, if any, which gave rise to immediate cause (a),	Lever Carrie			
6.		stating the underlying cause DUE TO	otic heart disease Unknown			
ď.		lost. (c) arteriosclar	oucheard disease whenour			
	_	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO T	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTDPSY			
	CERTIFICATION	Chronic of structure emphysen	a. Chronic authoratic bronchist. YES NO			
/	2					
	RIE	20a. ACCIDENT WAS UNDERLYING ☐ 20b. DESCRIBE HOW INJURY OCCURRED. ((Enter nature of injury in Port I or Part II of item 18.)			
		(IF EITHER, NOTIFY MEDICAL EXAMINER)				
	MEDICAL	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLAC	E OF INJURY (Hame, farm, 20f. (City or town) (County) (State)			
	9	Haur o.m. While - Not While - factor	pry, street, affice bldg., etc.)			
		p.m. 19 at wark 🗀 at wark				
		21. I certify that (1) (this haspital) attended the deceased fram	, 19, ta, 19, that (I) (we) last			
		saw the deceased alive an19, and that	death accurred at SESAM, from causes and an the date stated above.			
		22g. SIGNATURE	22b. DATE SIGNED			
		Robert W. Trever MD	ATTENDING MED. STAFF			
			D. PHYS. L. DIRECTOR L. PHYS. L.			
,		22c. PHYSICIAN'S NAME (Type) Robont III Trans	4. 4.			
		NAME (Type) Robert W. Inevon	Caston, Md. Rte. 508 Dutchman's Lane			
	23a	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR C	CREMATORY 23d. LOCATION (City or Town) (County) (State)			
		3 REMOVAL (Specify) 11/8/1966 Spring Hill	Easton, Md.			
		11, 0, 1,00				
1	24.	FUNERAL DIRECTOR ADDRESS	2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE			
3	1)	Paurice & Neumann Jon haston.	Md DATE NOV 9 1966 Jelianles Judge			

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove corban papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, ordanizing event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retoined by the hospitol or attending physician.

VR A15 (4) . 20 M 1/66 22201 afficiency and between the post of the property of the second

TO HOLY THE RESIDENCE OF COLUMN TO THE RESIDENCE OF THE R

(N/)	Division of STATIS	MARYLAND STATE DEF		RE, MARYLAND 21201
7 2 3	16231	CERTIFICATE	OF DEATH	16229
be executed within 24 haurs after death. and campletely filled in by the funeral remave carban papers. Pages 1 and 2 in any event, within 72 hours after death.	Memorial	of in hospitol, give street oddress	c. CITY OR TOWN (If outside corporate li	mits, write RURAL and give neorest town) e. IS RESIDENCE ON A FARM? YES NO DECEMBED NO DECEMBED.
ificate be executed within 24 sysician and campletely filled please remave carban pape and in any event, within 7	DECEASED (Iype or print) S. SEX 6. COLOR OR RACE 10o. USUAL OCCUPATION (Give kind of work don during most of working life, even if retiged)	WIDOWED DIVORCED	11. BHTHPLACE (County & Stote, or foreign	Month 2 4 19 6 19 6 19 6 19 6 19 6 19 6 19 6 19
at the death cert the attending ph ssit permit. Then matian, ar remod	13. FATHER'S NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no prunknown) (If yes give wor or dotes) 18. CAUSE OF DEATH (Enter only one compart in Death Was Caused By: IMMEDIATE CAUSE 18. CAUSE OF DEATH (Enter only one compart in Death Was Caused By: IMMEDIATE CAUSE	of service 218-25-8154 MR puse per line for (o), (b), and (c).) E (o) Acute pulman	VALENCIA (LINNIE) NFORMANT WIFE S. Ruth P. Roe Wye	Grahan MacFarlan Address Mis, Maryland INTERVAL BETWEEN ONSET AND DEATH
AN: The law requires that are attending physician icate has been signed by far use as the burial-traited by the other that he was the burial ore the burial or	Conditions, if ony, which gove rise to immediate couse (o), storing the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS	(b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c		YES NO
TO HOSPITAL OR ATTENDING PHYSICIAN: The law rapage 4 may be retained by the hospital ar attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached far use as the should be filed with the State Dept. af Health priar ta	20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. p.m. 21. I certify that (I) (this has saw the deceased olive on_220. SIGNATURE	20d. INJURY OCCURRED 20e. PLAC While Not While of work	death accurred at MED. ATTENDING MED. PHYS.	(County) (Stote) 24 Lay, 19 64, that (I) (we) lay rom couses and on the date stated above STAFF PHYS. 1/- 2 5-6 f
TO HOSPITAL Page 4 may b TO FUNERAL D Girectar, pag S(E) Should be file	230. BURIAL, CREMATION, REMOVAL (Specify) 230. FUNERAL DIRECTOR 230. BURIAL, CREMATION, PREMOVAL (Specify) 230. DATE TO SERVICE T			ON (City or Town) ON (City or Town) PEN (LE O. A. County) 25b. REGISTRAR'S SIGNATURE 1956 Clarke O. A. County

Emory Theodore Roe

FOR STATE HEALTH DEPT

MARYLAND STATE DEPARTMENT OF HEALTH

A CTATICTICAL 231)

1 6232	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	16
10434	Items 8 9 Film C383 12/2/66 mb	10
. PLACE OF DEATH	2. USUAL RESIDENCE (Where decessed lived, If insti	Jution: Resid

V			TAI	NG A U L'I	n (385	1/6/2 10/2		
1.	PLACE OF DEATH			,	2. USUAL RESIDI	NCE (Where decessed	lived, If institution: Re	sidence before edmission)
	COUNTY				e, STATE		b. COUNTY	
1		LBOT		MARYLANI	141/21	RYLAND	QUEE	
	b. CITY OR TOWN (if write RURAL and	foutside corporete lim -giyennearest town)	nits, c	LENGTH OF STAY IN 1	b c. CITY OR TOW	N (If outside corporate li	mits, write RURAL end	give neerest town)
	WING AWATT	MAN			CHE:	STER		1-7-7
-	d. NAME OF HOSPIT	AL OB INSTITUTION	126 1 to be to	Latina about a did and	1 CTREET ADDRE	•		11 has
	u, NAME OF HOSPH	AL OK INSTITUTION	(ii noi in nospile	i, give street eddress;	d. STREET ADDRE	55		IS RESIDENCE ON A FARM?
								YES NO
3.	NAME OF	Firs	t	Middle	Lasi	4. DATE	Month	Dey Yeer
	(Type or print)					OF		
		JAMES	WA	ALTER	ROE	DEATH NO	OVEMBER 2	1966
5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH		(In years IF UNDER 1 Y	EAR IF UNDER 24 HRS.
	MALE	WHITE	WIDOWED	DIVORCED	Comb 27	303/ 70		ys Hours Min.
10			-		Sept. 23,	1936 30		
de	a. USUAL OCCUPATI	king life, even if retire	ed)	OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (SI	ale or foreign eountry)	12. CITIZ	EN OF WHAT COUNTRY?
	FARMER				MARVI	AND		ISA
13	. FATHER'S NAME		_		1 14. MOTHER'S MAID	EN NAME		
	0:0	I I)		A 4			
	VICH	IARD P	OF		MAMI	E I HOM	AS	
	. WAS DECEASED EVE			CIAL SECURITY NO. 17	. INFORMANT		Address /	
(4)	es, no, or unkown) (If	yes give wer or detes of:	service)	21 -0110	Mar la	- P	i/ /	all Ma
-			10/14	-36-3499	1 1K2, J/+	MES NOE	- WITTM	
1	The second secon	EATH [Enter only one	e cause per line	for (e), (b), and (c).]				ONSET AND DEATH
	PART I. DEATH	WAS CAUSED BY: MMEDIATE CAUSE (6)	Acpus	XIATION-	BODY MOST	Y CONSUMI	ED IN ELE	
	011	1		NIALIUN-	BUUT MUST	LI CONSOMI	ED IN FIF	<u>E</u>
	916.	DUE TO	House	BURNED	DOWN COMPLE	TELV		
	Conditions, if eny			DONNED	DOWN COMPLE	1661		
	geve rise to Immedia	DI IE TO						
	(e), stating the un	derlying						
	eause fast.) (c)						
O	PART II. OTHER	SIGNIFICANT COND	ITIONS CONTRI	BUTING TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE CONDIT	TION GIVEN IN PART 1	(e) 19. WAS AUTOPSY PERFORMED?
14								YES NO XX
CERTIFICATION	20a. EXTERNAL CA	IISE WAS	20h DESCRIBE	HOW INTERVOCCUER	ED, (Enter neture of Injury I	n Part I or Part II of item	18)	110 110 110
E	PRIMARY or CO		200. PLOGRIDE	HOW HADAY OCCUR	and the state of the state of		,	
	CAUSE OF DEATH.		SLEEF	ING IN HO	DUSE THAT	BURNED DO	N N	
13	20c. TIME OF INJUI	RY Month, Day, Ye	per 20d. INJU	JRY OCCURRED 20e.	PLACE OF INJURY (Home, f	arm, ; 20f. (City or tow	n) (Count	y) (State)
MEDICAL	Hour a.m.	11 00 0	While		fectory, street, office bldg.,	107	-	
×	A p.m.	11-26196	6 et work	et work X	HOME	WITTM	AN AL	BOT MD
	21. I certify the	at I took charge	of the remain	s described above,	held an Autopsy	Inspection .	Inquiry X	and in my opinion
	death resulted for	om: Natural c	auses 🗖	Accident X S	uicide . Homicio	le 🗍 Undeterm	nined manner	
	dealli losalica li		00363	Accident N	ancido [], Tionnicio	ie D' Olidelelli	mied manifer	
	The second second	1)	A /					
		1.	11	of	CHIEF MEDICA	AL EXAMINER		
	ACTUAL	Lain	1. Xh	the	ASSISTANT N	AL EXAMINER		DATE SIGNED
	ACTUAL SIGNATURE	Lani	1. Sho	tely	M.D. ASSISTANT N	NEDICAL EXAMINER		
	SIGNATURE	Lavis	J. NO.	the	M.D. ASSISTANT M	AEDICAL EXAMINER CAL EXAMINER		date signed 11–26–66
	SIGNATURE EXAMINER'S NAME (Type)				M.D. ASSISTANT M FOR DEPUTY MEDIC Address (Street	CAL EXAMINER COLL (COUNTY)		11-26-66
220	SIGNATURE EXAMINER'S NAME (Type) BURIAL, CREMATION			TY /	M.D. ASSISTANT M FOR DEPUTY MEDIC Address (Street	CAL EXAMINER COLL (COUNTY)	ity, town, or eounty)	
22	EXAMINER'S NAME (Type) a. BURIAL, CREMATIO REMOVAL (Specify)		EOF 220	. NAME OF CEMETERY	M.D. ASSISTANT N F O R DEPUTY MEDIC Address (Street	CAL EXAMINER COLORD	City, lown, or eounty)	11-26-66
	EXAMINER'S NAME (Type) a. BURIAL, CREMATION REMOVAL (Specify) BURIAL	N, 22b. DATE THER	EOF 220	Tevens	M.D. ASSISTANT M F O R DEPUTY MEDI Address (Street OR CREMATORY	AEDICAL EXAMINER CAL EXAMINER OIL, city, lown, or county) 22d. LOCATION (C	SVILLE	11-26-66 (Stote) MD,
L	EXAMINER'S NAME (Type) a. BURIAL, CREMATIO REMOVAL (Specify)	N, 22b. DATE THER	EOF 220	. NAME OF CEMETERY	M.D. ASSISTANT M F O R DEPUTY MEDI Address (Street OR CREMATORY	AREC'D BY REGISTRAR 2	SVILLET	11-26-66 (Stote) //10,
L	EXAMINER'S NAME (Type) a. BURIAL, CREMATION REMOVAL (Specify) BURIAL	N, 22b. DATE THER	EOF 220	Tevens	M.D. ASSISTANT M F O R DEPUTY MEDI Address (Street OR CREMATORY	AEDICAL EXAMINER CAL EXAMINER OIL, city, lown, or county) 22d. LOCATION (C	SVILLET	11-26-66 (Stote) //10,

VR A15ME 5M 1/63

TO DEPUTY MASICAL EXAMINER: This certificate should be executed within 44 bours after death. If any decay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pedes 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

IO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.



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	sameth. H	VALUE OF THE STREET			Mary Constitution
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Table 1		ORIGHT VIG.	ATT. ATT 2000	, b, 1×4-c	2

	16233			CERTIFIC	CATE	OF DEAT	TH		1	623	11
i.	PLACE OF DEATH	i			2. 1	USUAL RESIDEN	ICE (Whara	deceasad lived	, If institution	n: Residence	e before e
	a. COUNTY	Talbot			11	. STATE	uland	ь. сс	OUNTY	1504	
	b. CITY OR TOWN (i			MARYLA		CITY OR TOWN	yland	rporata limits.		1bot	earest tow
	write RURAL and	give nearest town))		(11 00/0/00	,			
l	Rural - St	. Michael	S	10 yre		Rura	1 - St	Micha	els		o. IS RI
	a. NAME OF HOSPIT	TAL OK INSTITUTIO	If not in ho	spitel, give streef address)		d. STREET ADDRESS					ON
											YES _
3.	NAME OF DECEASED		First	Middle		Last	4. DATE		ionth	Dey	Yeer
	(Type or print)		ROBER		CHELLS	5	DEAT	110	vember		19
5.	SEX	6. COLOR OR RA	CE 7. MARRII	ED NEVER MARRIED	8. DAT	E OF BIRTH		9. AGE (In ye	ey) Honths		IF UNDER
	Male	White	WIDOWI	DIVORCED	Ju	11y 22, 1	915	51 birthde	s. Months	Deys	Hours
10	e. USUAL OCCUPATI one during most of wo	ION (Giva kind of v	work 10b. k	IND OF BUSINESS OR IN	DUSTRY 11.	BIRTHPLACE (Cou	inty & Stete,	or foreign coun	ntry) 12. C	CITIZEN O	WHAT
	ife Insura			Insurance	Т	Calbot Co	unty.	Mary1an	d	USA	
	. FATHER'S NAME					MOTHER'S MAIDEN					
	Franci	s H. Sche	11s			Addie P.	lummer				
	. WAS DECEASED EVI	ER IN U.S. ARMED	FORCES? 16.	SOCIAL SECURITY NO.	17. INFOR		- committee &	D Ado	**Vista		
(Y	as, no, or unkown) (II	fyes give war or deter	sofservice)		100		0-1-1				N/ d
-	NO	EATH (Enter only	ODO COURS DOS	line for (e), (b), and (c).	MIS. R	Robert F.	Scher.	15, 51.	Micha	lers,	ERVAL BET
	The second secon	H WAS CAUSED BY	and .	0	7 - /	16.11	.0	*			SET AND
	1	IMMARDIATE CALLER				MANA A					
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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	16234	CERTIFICATE	OF DEATH		1623	32
	PLATE OF DEATH a. COUNTY	MARYLAND	2. USUAL RESIDENCE (Where a STATE Mary)			
1	b. CITY OR TOWN (If outside carporote limits, write RURAL and give nearest town)	C. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside of Rural Hen		and give neorest	town)
1	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital	al, give street address)	d. STREET ADDRESS	None		ON A FARM?
3.	NAME OF DECEASED (Type or print)	d Kaherk		DEATH MODE		Year 19 6 6
	SEX 6. COLOR OR RACE 7. MARRII Male White WIDOWI	ED DIVORCED J	une 2, 1885	8 signst birthday) N	Manths Doys	Hours Min.
10d dur	u. USUAL OCCUPATION (Give kind af wark dane in most of warking life, even if retired) Barpericer	. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State Marylan		12. CITIZEN OF	A .
13.	FATHER'S NAME James E. Thomas		14. MOTHER'S MAIDEN NAME Mollie Wo			
	ne no acual name) (If we aive was as dates of service)	16. SOCIAL SECURITY NO. 17. 1 217-30-8519	Mae Thomas	Henderson,	Maryl	and
	18. CAUSE OF DEATH (Enter only one couse per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	for (o), (b), ond (x).)	llagre		20N	RVAL BETWEEN EF AND DEATH
	Conditions, if any, which gave) DUE TO (b)	exertere th	onloges E	gare entope	2 lon 11	Days
1	rise to immediate cause (o), stoting the underlying couse last.	" blue to	al them	3 1	8	Lays.
ATION	PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	IG TO DEATH BUT NOT RELATED TO 1	THE TERMINAL DISEASE CONDUITO	GIVEN IN PART 1(a)		WAS AUTOPSY PERFORMED? S NO
MEDICAL CERTIFICATION	20a. ACCIDENT WAS UNDERLYING □ 20b. OR CONTRIBUTING □ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	. DESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in Part I			
MEDICA	Hour o.m.		CE OF INJURY (Hame, farm, ory, street, affice bldg., etc.)	20f. (City or tawn)	(County)	(State)
	21. I certify that (I) (this haspital) att	tended the deceased fram	t death accurred at 32		nd an the date	
	220. SIGNATURE	bler. MI	D. ATTENOING MED. DIRECT	TOR STAFF PHYS.	22b. DATE SIGNE	66
	22c. PHYSICIAN J. T. B. A mb.		D. Easton, Mar	•	11/22/6	
	g. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 11-24-66	Greensbord		3d. LOCATION (City or Town) Greensboro	. Marv	rland
2	4. FUNERAL DIRECTOR	ADDRESS M	2So. REC'D BY R	1966 Jelia	STRAR'S SIGNATUR	ge.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filed with the State Dept. af Health priar to burial, crematian, ar remaval, and in any event, within 72 hours after depth. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 20 M 1/66

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 16235 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY MARYLAND c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) b. CITY OR TOWN (If autside corparate limits write RURAL and give nearest tawn Stevensville d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO NO emoRiA 3. NAME OF First Middle Last 4. DATE Month DECEASED OF (Type or print) DEATH 9. AGE (In years IF UNDER 1 YFAR 7. MARRIED NEVER MARRIED last birthday) DIVORCED 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life even if retired) **VALSHOUS** Dorchester (o. American Legion 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Post Richard Trezise Annie Murphy 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT (Yes, no; or unknown) (If yes give war ar dates of service) 202 Kidwell Ave. - enterv. 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Canditians, if ony, which gave rise to immediate cause (a). DUE TO stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) WAS AUTOPSY PERFORMED? NO 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or town) (County) (State) factory, street, office bldg., etc.) of wark at work 21. I certify that (1) (this haspital) attended the deceased fram 19___, that (I) (we) last and that death accurred at 3 50 saw the deceased alive an____ M, fram causes and on the date stated above. 22a. SIGNATURE 22b. DATE SIGNED MED. STAFF DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S Robert W. Trever NAME (Type) Easton. Maryland 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION 23b. DATE THEREOF 23d. LOCATION (City ar Town) (County)

Parkwood

emeteru

timone.

2So. REC'D BY REGISTRAR

Maruland

2Sb. REGISTRAR'S SIGNATURE

Page 4 may be retained by the RAL DIRECTOR: After WEY director, page 3 should be desired with the State

11-7-66

low requires that the deoth certificate be executed within 24 hours after death

on popers. Pag within 72 hours

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16233 E CHAIL TO S

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after feath. death certificate be executed within 24 hours after death, TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAN

OF DETAILS OF DEATH

	el	16236	S STATISTIC	CAL KESE	CERTIFIC	AT			DALIMORI	165	234	MD	
	1.	PLACE OF DEATH	Н				2. USUAL RESIDENCE					fore admissi	on)
		TALBOT	n · ·		MARYLA	ND	a. STATE MARYLA	ND	DORC	HEST	ER	V	
		b. CITY OR TOW	N (if outside corpora	te limits,	c. LENGTH OF STAY		c. CITY OR TOWN (If					earest tov	(n)
		EASTON	and give nearest tow	vn)	8 Months		Cambri	dee		09	9.2		
-				ON (if not In	nospital, give street add	ress)	d. STREET ADDRESS	Lugo			θ. Ι	S RESIDEN	CE
	H	OUSE IN	THE PINE	ES EAS	STON		DROUDEX#3	COO CO	enburn	Ave	• YES	NO FARM	_
1	3.	NAME OF DECEASED	FI	Irst	Middle	100	Last	4. DATE	Month		Day	Year	
		(Type or print)	COH	RA	Gleason	W	HEATLEY	DEATH	NOV.	2	6	19 66	
1	5.	SEX	6. COLOR OR RACE	7. MARRIEL	NEVER MARRIED		8. DATE OF BIRTH	9. A	GE (In years IF				
1		F	W	WIDOWED	DIVORCED		12/28/1880		S yrs.	onths Da	ys H	lours Mi	п.
1	duç	ing most of work	TION (Give kind of work ling life, even If retire	done 10b. I	KIND OF BUSINESS OR INDUSTRY		11. BIRT HPLACE (Co	ounty & State, or	foreign country)		ITRY?	WHAT	_
-		FATHER'S NAM					Galest	own Md		U.	S.		_
1													
-			Wheatley					J. Pay					
			EVER IN U.S. ARMED FO		. SOCIAL SECURITY NO.	17.	INFORMANT		Address				
		No			none	M	r. Ira Whe	eatley	Camb:	ridge	e Me	d.	
	1	18. CAUSE OF	DEATH [Enter only on	e cause per	line for (a), (b), and (c).							AL BETWEE	
		PART I. DI	EATH WAS CAUSED BY IMMEDIATE CAUSE	(2)	Sepleum	na					CINSEI	AND DEAT	,
		600.0	7		6				(1352 E 174			0,	
		Conditions, If	any, which \		Premato	lin	wain				4-w	echo	
		gave rise to	immediate	(b)	July Capp								
		cause (a), so			0					44			
1	5			(c)	UTING TO DEATH BUT NO	TOFIA	TED TO THE TERMINAL I	SISEASE CONDIT	ION GIVEN IN PA	RT 1(a)	19. W	AS AUTOPS	Y
1	Ĭ	TAKT II. OTHER	JIGHTI TOMITI CONDITI	0110 001111110	DOT NO	INCE	(I ED TO THE TERMINALE	TO ENGL CONDIT	ION GIVEN III A	1(1 2(0)	PE	RFORMED	?
1	CERTIFICATION	OO - ACCUPENT	WAS HUBSDIVING	1 005	December How In the		10000 40 4	A Table 1 - Day A	Non-Break Hotel	4 10 \	YES [NO	Ų
1	2	DR CONTRIBUT	WAS UNDERLYING ☐ ING ☐ CAUSE OF DEA TIFY MEDICAL EXAMI	TH 200.	DESCRIBE HOW INJURY	OCCU	JRRED. (Enter nature of	injury in Part	or Part II of I	tem 18.)			
- 1	- 1	1114											
10101	MEDICAL	Hour a.r		Year 20d. While	Not While	e. PLA facto	CE OF INJURY (Home, fa ry, street, office bldg., e	tc.) 20f. (Clt	y or town)	(County	y)	(State	
1	Σ	p.:					sure 1	0 66 40	26 nov	1066	2 thet	(I) (we) I	
					ded the deceased fro		death occurred at 9	- WY 44					
1	8	22a. SIGNATU	oodsou dileo oii	7 / 0	19 <u>66</u> , an	d that	death occurred at	M, Irom	the causes an	22b. DAT	Accessed to the last		ve.
Т			10.7.0	P	0_	+ 1	ATTENDING	MED.	STAFF -	11-			
		22c. PHYSICIA		anne	3	M.D	D. PHYS.	DIRECTOR L	PHYS.	-//			
		NAME (T		IP. C	ARNEY		EASTO.	w ME					
-			0,2,7	-	1.00	I du ac						(DA+4-)	=
12	23a	REMOVAL (Sp	MATION, 23b. DATE ecify)	THEREOF	23c. NAME OF CEN		10 -	230. LOCA	TION (City, town	or count	Y) /	(State)	
1		BURIAL	11-2	7-46	E. Kens M.	dite	1 4 4 7	1 C. Me	1 Marka	1 m	77-	IDE	
	24.	. FUNERAL DIRE	ECTOR	0	ADDRESS	1	25a. REC	C'D BY REGISTR	_	STRAR'S	SIGNATI	Luda	-
	1	Levet !	K Ilhowas Do	Locato	1 Al Cente	Not	DATE DATE	NEC 1	1966	7	,00	10	

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

-	10231	CERTIFICATE OF DEATH		6235
J.	PLACE OF DEATH a. COUNTY	a. STATE &	where deceased lived, if institution: Reside b. COUNTY	
	b. CITY OR TOWN (If autside corporate limits,	C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If av	Side corporate limits, write RURAL and give	LB 07 ve negrest tawn)
	write RURAL and give nearest town)	DO.A. PURAL	EASTON	20-1
0.0	d. NAME OF HOSPITAL OR INSTITUTION (If not i	n haspital, give street address) d. STREET ADDRESS	0	e. IS RESIDENCE ON A FARM?
9	Memorial -Hos,	pital The	Nest'	YES NO
3.	NAME OF DECEASED (Type or print) WILL AM	Norman Wherrett	4. DATE Month OF DEATH	25-1966
S.	SEX 6. COLOR OR RACE 7	MARRIED NEVER MARRIED 8. DATE OF BIRTH WIDOWED DIVORCED SEPT. 30/8	9. AGE (In years lost birthday) 9. AGE (In years Months) 9. AGE (In years Months)	Doys Hours Min.
10 du	a. USUAL OCCUPATION (Give kind of work done ring most of working life, even if retired)	NDUSTRY T		OUNTRY?
13	B. FATHER'S NAME	14. MOTHER'S MAIDEN N	AME	
		GE WHERRETT MINNIE		
1:	5. WAS DECEASED EVER IN U.S. ARMED FORCES? (es, no, or vinknown) (If yes give war or dates af s	ervice) 212-03-8643 MRS. W. NORM.	AN WHERRETT #	ENSTON MD
	18. CAUSE OF DEATH (Enter only one cause PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	per line for (o); (b), and (c).)	-	INTERVAL BETWEEN ONSET AND DEATH
	420/ DUE TO			
188	Conditions, if any, which gove (b)			
	stating the underlying cause			
5 J	PART II OTHER SIGNIFICANT CONDITIONS CON	TRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CON	DITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
() NION	(THE) THE STATE OF			PERFORMED? YES NO
CERTIFICATION		205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in F	Part I ar Part II af item 18.)	
MEDICAL	20c. TIME OF INJURY Manth, Day, Year Hour a.m. p.m. 19	20d. INJURY OCCURRED While Nat While at wark a		(State)
	21. I certify that (I) (this haspi	tal) attended the deceased fram, 1 19, and that death accurred at	3407P M, fram causes and an	
	220. SIGNATURE / Lun Fan	M.D. PHYS.		DATE SIGNED
1	22c. PHYSICIAN'S NAME (Type) / T/U R	STUN HARNISIN 22d. ADDRESS	Cartan Mas	aglor L
2	REMOVAL Specify) 23b. DATE THERE		23d. LOCATION (City or Town) BALTIMORE	(County) (State) BA. MO
37	24. FUNERAL DIRECTOR	ADDRESS 2Sa. REC'D	BY REGISTRAR 2Sb. REGISTRAR'S 1856	SIGNATURE Judges